

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV. 10/92)

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CLAIMANT'S NAME Lindsay E. Kelsch		SSAN OR EMPLOYEE NUMBER 1760		DEPARTMENT Governor's Office	
POSITION Director		CB/ID NUMBER		DIVISION OR BUREAU Fresno	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol, First Floor		INDEX NUMBER	
CITY Sacramento		STATE CA		ZIP 95814	

MONTH/YEAR 2/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
08-Feb	6:00am	Fres to SLO									147 65.42		65.42
08-Feb	1:00pm	SLO to Fres									147 65.42		65.42
09-Feb	7:30am	Fres to Tulare									59 26.26		26.26
09-Feb	12:00pm	Tulare to Fres									59 26.26		26.26
16-Feb	8:00am	Fres to Bako									113 50.29		50.29
16-Feb	1:30pm	Bako to Fres									113 50.29		50.29
17-Feb	7:00am	Fres to Gonzales									167 74.32		74.32
17-Feb	5:00pm	Gonzales to Fres									167 74.32		74.32
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	972 432.54	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$432.54	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

On 2/8 I staffed GAS at a California Jobs Initiative Hiring Incentive Press Conference and tour at REC Solar in SLO On 2/9 I staffed GAS at the Tulare Ag World Expo Tour. On 2/16 I staffed GAS at a California Jobs Initiative \$10,000 Homebuyer Tax Credit Press Conference in Bakersfield. On 2/17 I met with the Gonzales City Council and Monterey Business Council to tour the La Gloria School "Zero Wate Lunch" Recycling Program, Converted Organics Biomass Recycler, Constellation Wines solar panel and recycling yard and Eneergy Alternative Solutions.

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

NORMAL WORK HOURS 8:00am to 5:00pm
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445
AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER 240940

CLAIMANT'S SIGNATURE	DATE 2/19/10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 3/8/10
SIGNATURE			DATE 3/9/10